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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-1190-4	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT - A" (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER: WIW	
2. Name of Operator NEWMONT OIL COMPANY	
3. Address of Operator P. O. BOX 1305, ARTESIA, NEW MEXICO 88210	
4. Location of Well UNIT LETTER F, 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 16 TOWNSHIP 18S RANGE 32E NMPM.	

7. Unit Agreement Name YOUNG UNIT
8. Farm or Lease Name
9. Well No. 8
10. Field and Pool, or Wildcat YOUNG QUEEN
12. County LEA

15. Elevation (Show whether DF, RT, GR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER Acidize & Frac <input type="checkbox"/>

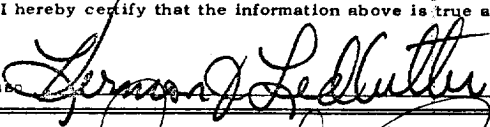
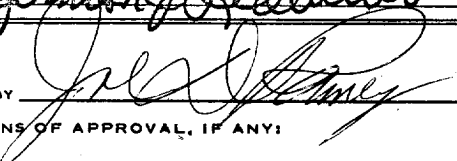
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

This well was fraced as follows:

7-31-69 Rigged up & fraced well with 250 gallons 15% regular acid, 25,000# 20/40 sand & 785 bbls fresh water.

8-7-69 Cleaned out to 3890' & returned well to injection.

Injection first five days averaged 170 bbls @ 1700 psi.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED 	TITLE Division Superintendent	DATE 2-10-70
APPROVED BY 	TITLE SUPERVISOR DISTRICT I	DATE 2-10-70
CONDITIONS OF APPROVAL, IF ANY:		